

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|-------------|----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | <i>32</i> | <i>6/6/1</i> |
| FORMALITY REVIEW | <i>[Signature]</i> | <i>522</i> | <i>8/10/01</i> |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> | <i>1030</i> | <i>1-7-02</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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617-02
1-7-02